



## Complete Summary

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### TITLE

Stable coronary artery disease (CAD): percentage of patients with stable CAD who have aspirin use documented in the medical record.

### SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Stable coronary artery disease. Bloomington (NM): Institute for Clinical Systems Improvement (ICSI); 2006 Apr. 45 p. [70 references]

## Measure Domain

### PRIMARY MEASURE DOMAIN

#### Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients with stable coronary artery disease (CAD) who have aspirin use documented in the medical record.

### RATIONALE

The priority aim addressed by this measure is to improve selection and education of patients with stable coronary artery disease (CAD) on the use of aspirin and antianginal drugs.

### PRIMARY CLINICAL COMPONENT

Stable coronary artery disease (CAD); aspirin

### DENOMINATOR DESCRIPTION

All patients age 18 and over with stable coronary artery disease (CAD) (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

#### NUMERATOR DESCRIPTION

Number of patient records containing documentation of aspirin use (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

#### Evidence Supporting the Measure

#### EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

#### NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Stable coronary artery disease.](#)

#### Evidence Supporting Need for the Measure

#### NEED FOR THE MEASURE

Unspecified

#### State of Use of the Measure

#### STATE OF USE

Current routine use

#### CURRENT USE

Internal quality improvement

#### Application of Measure in its Current Use

#### CARE SETTING

Physician Group Practices/Clinics

#### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

#### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

#### TARGET POPULATION AGE

Age greater than or equal to 18 years

#### TARGET POPULATION GENDER

Either male or female

#### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

### Characteristics of the Primary Clinical Component

#### INCIDENCE/PREVALENCE

Unspecified

#### ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

#### BURDEN OF ILLNESS

Unspecified

#### UTILIZATION

Unspecified

#### COSTS

Unspecified

### Institute of Medicine National Healthcare Quality Report Categories

#### IOM CARE NEED

Living with Illness

#### IOM DOMAIN

Effectiveness

### Data Collection for the Measure

#### CASE FINDING

Users of care only

## DESCRIPTION OF CASE FINDING

All patients age 18 and over with stable coronary artery disease (CAD)

Patients may be identified by using the procedure that follows.

Use a computer run to select patients with the suggested International Classification of Diseases, Ninth Revision (ICD-9) codes or the ICD-9 codes you determine your providers use to describe the type of patients included in the guideline. The medical records of these patients are reviewed for evidence that the patient is using low-dose aspirin on a regular basis. Data needs to be collected for at least 10 patients.

Count as patients in the denominator all patients whose records verify the stable CAD diagnosis. Count in the numerator all patients whose records contain documentation of regular use of low-dose aspirin.

Medical groups have the option to exclude patients with a documented contraindication to aspirin from this measure. It will be each medical group's determination whether the cost of doing this more specific measure is worth the benefit of the more precise result.

Data may be collected monthly.

## DENOMINATOR SAMPLING FRAME

Patients associated with provider

## DENOMINATOR INCLUSIONS/EXCLUSIONS

### Inclusions

A patient will be age 18 and over

Stable coronary artery disease (CAD) patients may be identified by use of these suggested International Classification of Diseases, Ninth Revision (ICD-9) codes: 412.xx - 414.xx.

### Exclusions

Patients should be excluded if there has been any visit with one or more of the following codes for acute myocardial infarction (MI) events within the past year: 410.xx - 411.xx.

Patients with documented contraindications to aspirin are included in the measure as it is written. Patients with documented contraindications to aspirin may be excluded from the denominator of this measure at the discretion of the individual medical group.

## RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

#### DENOMINATOR (INDEX) EVENT

Clinical Condition

#### DENOMINATOR TIME WINDOW

Time window precedes index event

#### NUMERATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

Number of patient records containing documentation of aspirin use\*

\*Aspirin documentation should be treated as any medication and assessed at every visit. Any mention or documentation of regular aspirin intake found on the Medications List or in the progress notes should be counted as a "yes" for this measure.

For the purpose of this measure, the medical record should be reviewed for care provided during the previous 2 years. Documentation of regular aspirin use and/or contraindication to use should be found within this time span of current care.

Contraindications to aspirin use are defined in the guideline (Algorithm Box #21a [refer to the National Guideline Clearinghouse (NGC) summary of the Institute for Clinical Systems Improvement (ICSI) guideline [Stable Coronary Artery Disease](#)], but left to the provider's discretion. Some commonly found contraindications are allergy to the drug and history of bleeding ulcer or gastric hemorrhage. When contraindications are present, they need to be noted in the patient's record.

##### Exclusions

Unspecified

#### MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

#### NUMERATOR TIME WINDOW

Fixed time period

#### DATA SOURCE

Administrative data  
Medical record

#### LEVEL OF DETERMINATION OF QUALITY

Individual Case

## PRE-EXISTING INSTRUMENT USED

Unspecified

## Computation of the Measure

### SCORING

Rate

### INTERPRETATION OF SCORE

Better quality is associated with a higher score

### ALLOWANCE FOR PATIENT FACTORS

Unspecified

### STANDARD OF COMPARISON

Internal time comparison

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

### ORIGINAL TITLE

Percentage of patients with stable CAD who have aspirin use documented in the medical record.

### MEASURE COLLECTION

[Stable Coronary Artery Disease Measures](#)

### DEVELOPER

Institute for Clinical Systems Improvement

### ADAPTATION

Measure was not adapted from another source.

### RELEASE DATE

2003 Nov

#### REVISION DATE

2006 Apr

#### MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Stable coronary artery disease. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Apr. 49 p.

#### SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Stable coronary artery disease. Bloomington (NM): Institute for Clinical Systems Improvement (ICSI); 2006 Apr. 45 p. [70 references]

#### MEASURE AVAILABILITY

The individual measure, "Percentage of patients with stable CAD who have aspirin use documented in the medical record," is published in "Health Care Guideline: Stable Coronary Artery Disease." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: [www.icsi.org](http://www.icsi.org); e-mail: [icsi.info@icsi.org](mailto:icsi.info@icsi.org)

#### NQMC STATUS

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